

# **EXHIBIT P**



**Department of Pathology**

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**Mount  
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June 7, 2016

Kevin Paul  
Simon Greenstone Panatier Bartlett  
3232 McKinney Avenue  
Suite 610  
Dallas, Texas 75204

Re: Jackson, Doris  
FA16-15  
WS14-18757, WC14-1274, S15-16292, S15-17303

Dear Mr. Paul:

I received directly from your office on April 25, 2016, 44 paraffin blocks and 67 histologic slides from UCLA and 34 slides and 2 paraffin blocks from Washington Hospital. Based on the pathology report and the histology slides, I separated out a total of 7 paraffin blocks containing small amounts of lung parenchyma and a few lymph nodes. Photos of the blocks before and after removal of the tissue are in the case file on a CD. The tissue removed from the paraffin was placed in a 60 degree oven to first melt the excess paraffin from the tissue. The remaining paraffin was removed by submersion in xylene. The tissue was brought to water through steps of ethanol and into water. The tissue was blotted dry and weighed. The tissue weight for lung was 0.04 grams wet weight and the tissue weight for lymph nodes was 0.22 grams wet weight. The two types of tissue were kept separated throughout the study. The digested tissue was centrifuged to separate the non-solubilized materials from reagents and solubilized materials. The precipitate was washed five times with distilled water. The digested lung material was resuspended in 2 ml and the lymph node in 15 ml and 10 uL samples were removed from each tissue type and placed on formvar coated nickel grids. The grids were analyzed by transmission electron microscopy utilizing a standard fiber counting protocol. Positive controls and negative control samples prepared from the same distilled water used to wash the sample and the paraffin that the tissue was embedded as well as the distilled water. Verification techniques of fiber counting were used for quality control and quality assurance.

A total of 400 grid openings were scanned for each of the lung and lymph node tissues at magnifications of 10K through 20K. Higher magnifications if necessary were used for verification of particle morphology and type.



Electron microscopic analysis of the lung tissue did not reveal any asbestos fibers above the limit of detection of 6900 fibers per gram wet weight. However, there were a number of very small asbestos fibers identified as chrysotile by energy dispersive spectroscopy (EDS) and SAED analysis. These fibers were not counted because they were less than 1 micrometer in length. Talc, aluminum silicates and silica were also observed but not counted.

Electron microscopic analysis of the lymph node tissue revealed amphibole type asbestos fibers in a calculated concentrations of 9409 fibers per gram wet weight with a limit of detection of 9409 fibers per gram wet weight. All fibers counted were 5 micrometers or greater in length with aspect ratios greater than 20. The amphiboles were identified by energy dispersive spectroscopy (EDS) and SAED analysis as tremolite. There was also a significant amount of aluminum silicates, silica particles and both fibrous and platy talc. Light microscopic analysis revealed a calculated concentration of 409 asbestos bodies per gram wet weight of lymph node tissue by phase contrast light microscopy.

Based on this fiber burden analysis, it is my opinion that Ms Jackson had a significant exposure to asbestos. It is my opinion with a reasonable degree of scientific certainty that the asbestos fibers were the causative factor in the development of Ms. Jackson's malignant mesothelioma. This finding of tremolite as well as talc is consistent with exposure to cosmetic talcum powder products, including Cashmere Bouquet.



Ronald E. Gordon, Ph.D.  
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